

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046484

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 548

Registrar's No. 3458

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Webster Groves		c. CITY OR TOWN Kirkwood	
Length of stay in 1b 10 minutes		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Webster Groves City Hall		d. STREET ADDRESS (If outside, give location) 350 N. Woodlawn Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) GEORGE WOODRUFF MARSALEK		4. DATE OF DEATH Month November Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/31/13
9. AGE (last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Marsalek		13b. MOTHER'S MAIDEN NAME Edith Woodruff	
14. NAME OF HUSBAND OR WIFE Clara Maesalek		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. 2	
16. SOCIAL SECURITY NO. W. W. 2		17. INFORMANT Mrs. Clara Marsalek, 350 N. Woodlawn, Kirkwood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis DUE TO (b) coronary atherosclerosis DUE TO (c) 3 yrs		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	
20g. COUNTY St. Louis		20h. STATE Mo.	
21. I attended the deceased from May 7, 1963 to Nov 11 - 63 and last saw him alive on Oct 31 - 1963 Death occurred at 8:12 P on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dr. B. B. Benschley MD	
22b. ADDRESS #16 Hampton Village		22c. DATE SIGNED 11-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/11/63	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Sappington, Mo.
24. FUNERAL DIRECTOR Bopp Chapel, Kirkwood, Mo.		25. DATE RECD. BY LOCAL REG. 11-12-63	
25. REGISTRAR'S SIGNATURE John C. Muffley, MD			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis Mayland Jr

Licensed Embalmer No.

4512

P. O. Address

Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.